CITIZEN
ACTION
OF WISCONSIN

Testimony of Robert Kraig, Program Director
Citizen Action of Wisconsin
Assembly Bill 291 (Family Justice Bill)
Assembly Committee on Judiciary and Ethics
July 14, 2009

Thank for the opportunity to share Citizen Action of Wisconsin's position on this critical issue of fundamental justice.

The current state of Wisconsin law closes the courtroom doors to families with who have suffered the loss of a family member due to apparent medical negligence if the family member was an unmarried childless adult child or a parent who was widowed, divorced or unmarried. Under current law, Wisconsin is one of just seven states that prohibits wrongful death claims from being filed by the parents of children over 18 years of age who die due to medical negligence. It also blocks wrongful death claims by the adult children of widowed, divorced or single parents who die as a result of medical malpractice.

These loopholes so defy logic and the reality of human relationships that many people have trouble believing that a progressive state like Wisconsin allows such rules to remain standing. These arbitrary and artificial distinctions based on age and marital classifications bear no relationship to the actual suffering created by medical negligence.

So the victim's family is victimized again. They find themselves unable to get answers, unable to achieve a sense that justice has prevailed, and unable to feel that they have done right by the loved one they have lost. Having heard the painful stories these families have shared, I can assure that

(OVER)

their motives are neither venal nor vengeful. These families simply want justice and accountability.

We are not here to demonize doctors, the overwhelming majority of whom are careful and conscientious. In fact, we have share the same philosophy outlined by Dr. Bruce Kraus, representing the Medical Society in testimony before a legislative committee on Jan. 19, 1995:

"Claims against physicians should not be treated any differently than claims resulting from automobile accidents or against any individual."

However, the current law creates a double standard: if a doctor were negligent on the highway, he or she would be held accountable for any needless loss of life. But when a doctor is negligent on the operating table, many Wisconsin families have no means of seeking justice and accountability.

Passage of the Family Justice Bill would put an end to the double standard and reopen the doorway to justice. That is all we seek: fairness, accountability, and justice.

	Fact Situation	**Current Law**
Loss of Child in Medical Malpractice Case	If child is under age 18 . . .	Parents may bring a claim for loss of society and companionship
	If child is age 18 or over . . .	Parents may not bring a claim for loss of society and companionship
Loss of Parent in Medical Malpractice Case	If parent is married with no minor children . . .	Surviving spouse may bring a claim for loss of society and companionship
	If parent is unmarried, widowed, divorced with no minor children . . .	No family member may bring a claim for loss of society and companionship
Negligence by Doctor	If behind the wheel of a car . . .	Subject to same accountability as other members of society
	In operating room . . .	Exempt from accountability in cases of adult children and parents without spouses or minor children

July 12, 2009

Dear Rep. Gary Hebl,

I am sending you the information on my son, Jason Weinhold. I would like this submitted to the Public Hearing on the Family Justice Bill, Assembly Bill 291.

My son was prescribed 980 pills in just over 1 month. I did file a complaint with Wisconsin Dept of Regulation & Liscensing, and they felt that Dr. Kurt was negligent and he was fined. I have attached a copy of there findings.

I have all the copies of the papers, including the one from "Narconon", which was a treatment facility my son completed.

Also a copy of the prescriptions that were given to my son.

I support this Bill 291, and pray that our State wakes up to allow Doctors to be accountable for there actions. Everyone else has to, why not them.

Sincerely,

Linda Steinke
P.O.Box 471
Oak Creek, WI 53154
414-744-1628

Reference: Jason C. Weinhold
His Life make a difference.

My son Jason was, "1st Team All State" in Football. He planned to go to college and play football. One month after my son's 1999 graduation, he was shot in the leg by a drive by shotting. Knowing that he wouldn't be able to play football that year, put him into a state of depression and also pain pills. All his friends went into college, so he felt alone. He started using street drugs, which took me down a road I thought I would never be!

He was on the Methadone program, which helped him to get off Heroin. Using street drugs also lead to the court system. I remember Jason calling me from the House of Correction, asking me, "Mom, why is it when I do drugs I steal"? I replied, "Why does an alcoholic beat his wife when he's been drinking"? It's a disease, and it affects everybody differently.

Jason told me that he really needed treatment and he found an in house facility located in Oklahoma. I really didn't have that kind of money, but I felt if my son was ready for treatment, how could I say No! He arrived at Narconon on April 21, 2004 and completed the program on June 11, 2004.

Jason was doing very well when he arrived back home. He seemed positive again and was talking about being a counselor. Jason also apologized to me for what he has done, and also shared that if he ever

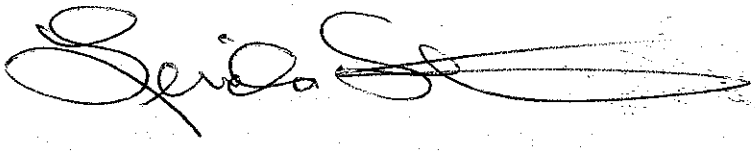
started to take drugs again, he would kill himself. He said he put the family through to much already.

My sister and I were planning on going into a business together.

Jason also shared about moving out of Oak Creek. He felt embarrassed with his past and wanted to begin some place new. We ended up moving to Cedarburg, and started our business. Jason was a big help for us. He told me he was going to see a Doctor for his anxiety, due to an upcoming court date. I felt good about his decision to see a Doctor. I did notice Jason's behavior started to change. He wasn't as helpful anymore and just hung out in his room. When I questioned him, he told me he is seeing a Doctor and I'm not to worry. He also found out that he had Chronic Hepatitis C. Jason did end up going back to jail, but did get out on electronic surveillance and stayed by his brother. He had to stay in Milwaukee County. I could tell Jason was getting depressed again. Even his brother John, was sharing that it seemed like Jason was on drugs our something. Jason committed suicide on February 5, 2005.

Something didn't seem right to me, so on June 28, 2005 I went to Aurora Pharmacy in South Milwaukee, and asked for a print out of my son's medications from 8/04 to 1/05. I tried to get one from Walgreens, but they wouldn't release any information to me. When I noticed the large quantities of pills that were prescribed to my son, I was Shocked!! I did fill with Wisconsin Department of Regulation & Licensing and they felt the "Respondent's (Dr. Kurt) conduct in the care and treatment of this patient fell below the minimum standard of conduct for the profession". I feel when you read what has been found negligent with this Doctor, you will understand my being here today.

Linda Steinke



WISCONSIN FOOTBALL COACHES ASSOCIATION

1998 WISCONSIN ALL STATE FOOTBALL TEAM

AWARD OF EXCELLENCE

JASON WEINHOLD

DEFENSIVE BACK

OAK CREEK HIGH SCHOOL

COACH - JOE KOCH

Bill Collar
W.H.S.F.C.A., President

Dick Rundle
W.H.S.F.C.A., Executive Director

Presented January 17, 1999

NARCONON™
ARROWHEAD

June 11, 2004

Bridget Boyle
2051 W. Wisconsin Ave
Milwaukee WI 53233

Re: JASON WEINHOLD

Dear Ms. Boyle:

This is to inform you of Mr. Weinhold's successful completion of the *Narconon Arrowhead* drug and alcohol rehabilitation program. We are located in Canadian, Oklahoma in rural Pittsburg County. Narconon Arrowhead is an intensive residential treatment program which is fully accredited by CARF, the Commission on Accreditation of Rehabilitation Facilities, with in-depth treatment length varying depending upon the individual. Our goal is to restore the individual's former abilities so that he or she can leave our program with a commitment to sobriety, restored goals, and a higher level of ethical behavior. Narconon Arrowhead is a tax-exempt, not-for-profit Oklahoma corporation and has met all requirements under Section 501(c)(3) of the Internal Revenue Code.

Mr. Weinhold arrived at our facility on April 21, 2004. While in attendance on our program he satisfactorily complied with the client rules and showed positive forward progress on his case. He completed our full rehabilitation program on June 11, 2004.

During Mr. Weinhold's Phase One program he completed the *Therapeutic Training Routines* which are designed to enhance communication skills and control.

Mr. Weinhold also successfully completed the following Narconon required program steps: the *Narconon New Life Detoxification Program*, a sauna and vitamin regimen with a goal of helping eliminate drug residuals and metabolites stored primarily in the individual's fatty tissue.

The *Learning Improvement Course*, beginning Phase Two, enables the individual to enhance reading and comprehension skills. It enhances the ability to acquire and retain knowledge and overcome the barriers to study and learning. This course is a prerequisite for extensive life skills training courses.

HC 67 Box 5 • Canadian, OK 74425 • Phone: (800) 468-6933 / (918) 339-5800
Fax: (918) 339-5801 • E-mail: info@stopaddiction.com • Web: www.stopaddiction.com

The *Communication and Perception Course*, with extensive cognitive counseling one-on-one, also is part of Phase Two. This course aids in breaking past impulsive behaviors and helps separate the individual from "living in the past."

In Mr. Weinhold's Phase Three program, he successfully completed the *Personal Values and Integrity Course*, an ethics-based study program, the goal being improving choices in life by applying basic concepts of ethics and moral. Mr. Weinhold demonstrated extensive personal growth during this phase of his program.

Also completed during Phase Three was the *Ups and Downs in Life Course*, which is designed to help clients identify and disconnect from anti-social associations or relationships that may have adversely influenced them in the past, and gives them fresh guidelines for the future.

Phase Three also included the *Changing Conditions in Life Course*, in which the individual divides their life into separate categories (self, family, group, spiritual, etc.) and allows inspection and repair of damaged areas utilizing practical formulas.

The Way to Happiness Course has 21 precepts that cover a moral and ethical code and way of living that results in a happier, more productive person.

Testing:

Oxford Capacity Analysis and standard I.Q. tests were applied at specific intervals, to a desired result.

While in attendance on our drug and alcohol rehabilitation program, Mr. Weinhold was actively and enthusiastically involved in his treatment program. Here is a partial listing of his achievements while in attendance at our facility:

1. He has achieved physical detoxification from chemicals, toxins, and toxic residuals during Phase One on the Narconon New Life Detoxification portion of his program.
2. He developed a commitment to abstinence.
3. He developed an understanding and acceptance of the process of addiction.
4. He identified issues (psychological, emotional, familial, social, etc.) that could interfere with his recovery, and has made a firm commitment to dealing with these issues effectively, recognizing this process did begin here but must continue.
5. He made a commitment to a peer support system.
6. He has recognized that his treatment at Narconon Arrowhead was the beginning of a process of recovery that must be carried on into continuing care, and has committed himself to a continuing care plan.
7. He became aware of his over-utilization of psychological defenses that prevent the development of insight about his addiction.
8. He demonstrated competence in communication skills training.

9. He demonstrated an understanding of and ability to apply basic principles of ethics and morals. Mr. Weinhold has shown much growth in these areas since beginning his treatment program.
10. He has addressed anti-social behavior patterns and has come to a realization that this type of behavior is contra-survival for him, and society.

While participating in this program Mr. Weinhold was an exemplary member of our clientele, setting a fine example to others on the program. I must also point out that before an individual advances to the next step or Phase of their program they are tested on their knowledge of and ability to apply what they have learned to their life. They then attest to this understanding in our Qualifications Division.

Prognosis:

Mr. Weinhold showed an understanding of and ability to apply the life skills, ethics, morals, and communication skills to his daily life as well as a willingness to do so. With the successful completion of the program steps, a demonstrated understanding of the concepts and proven ability to use the learned life skills in daily life, the overall prognosis for Mr. Weinhold to sustain his commitment to a substance-free lifestyle is very positive.

Upon discharge from the Narconon Arrowhead drug rehabilitation program the client will be required to call in once a week for the first three months, then once a month thereafter. During this phone call, several things will be addressed:

- We will go over the client's Final Discharge Plan to ensure that they are accomplishing, or at least making an attempt to accomplish, the goals and targets they have laid out for themselves in their Final Discharge Plan.

- The client will be asked with whom they have been spending most of their time during that week and if they are working or attending school.

- The client will be asked if they are working the condition steps regarding their relationships with their family, groups, etc. At this point, the client can ask for any help necessary to apply the condition formulas.

- If the client feels he or she needs help applying the technology, or if they are reaching to get further help, one of our staff will work directly with the client by providing the appropriate ethics counseling or to help the client return to Narconon Arrowhead to do a review program.

I have enjoyed watching the positive changes in Mr. Weinhold since his arrival at our facility, and it is my sincere belief that he has become a law-abiding, contributing member of society.

If you have any questions regarding Mr. Weinhold's progress on our program, please feel free to contact me at (918) 339-5800, ext. 600.

Sincerely,

A. Bruce Haddrill
Legal Liaison

ABH/vw

WEINJA1

Patient: WEINHOLD, JASON C
RespPty:
8320 S CHICAGO ROAD

OAK CREEK WI 53154-
Birth: 09/13/1980

Pharmacy: AURORA PHARMACY #014
2414 10TH AVENUE
S. MILWAUKEE WI 53172-
RPh: HEIN, GREG
NCPDP#: 5123788

Prescriptions: Date: 08/01/2004 TO 01/31/2005

LastFill	Rx #	Drug Name	Qty	Physician Name	T/P	Price	RPh
08/16/04	6905729	PENICILLN VK 500MG	40	Dr.CURRAN-MAERCKLE	GAMP	1.00	DAA
08/16/04	4900895	HYDROCO/APAP 5-500M	20	Dr.CURRAN-MAERCKLE	GAMP	1.00	DAA
08/22/04	4900973	HYDROCO/APAP 5-500M	20	Dr.HARMELINK	GAMP	1.00	DAA
09/02/04	6906967	TIZANIDINE 2MG	90	Dr.KURT	GAMP	1.00	DAA
09/02/04	2900465	OXYCOD/APAP 5-325MG	100	Dr.KURT	GAMP	1.00	DAA
09/07/04	2900487	AVINZA 60MG CR	10	Dr.KURT	MCK	2.00	KP
09/07/04	4901130	HYDROCO/APAP 10-325	100	Dr.KURT	GAMP	1.00	KP
09/08/04	2900494	MORPHINE SUL 30MG E	60	Dr.KURT	GAMP	1.00	KP
09/21/04	2900552	METHADONE 10MG	100	Dr.KURT	GAMP	1.00	DAA
09/21/04	4901286	DIAZEPAM 5MG	50	Dr.KURT	GAMP	1.00	DAA
09/21/04	2900553	OXYCODONE 5MG	200	Dr.KURT	GAMP	1.00	DAA
10/18/04	2900693	OXYCODONE 5MG	200	Dr.KURT	GAMP	1.00	DAA
10/18/04	2900694	METHADONE 10MG	60	Dr.KURT	GAMP	1.00	DAA
10/18/04	4901571	DIAZEPAM 5MG	100	Dr.KURT	GAMP	1.00	DAA
10/27/04	2900745	OXYCONTIN 20MG CR	30	Dr.KURT	GAMP	91.39	DAA
10/27/04	2900746	METHADONE 10MG	240	Dr.KURT	GAMP	1.00	DAA
12/23/04	2901052	METHADONE 10MG	100	Dr.KURT	GAMP	1.00	GH
12/23/04	2901053	OXYCODO-APAP 10-325	100	Dr.KURT	GAMP	1.00	GH
01/06/05	4902433	LORAZEPAM 2MG	90	Dr.SHIM	GAMP	1.00	GH
01/18/05	2901168	OXYCODO-APAP 10-325	100	Dr.KURT	GAMP	1.00	GH
01/18/05	2901169	METHADONE 10MG	100	Dr.KURT	GAMP	1.00	GH

Report Date: 06/28/2005 $112.39

(9-21) TO (10-27)
980 pills

529-9900 EX 716
Innovative Health & Fitness
St. Joseph
Direct Line 448-3099

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF
REGULATION & LICENSING

1400 E Washington Ave
PO Box 8935
Madison WI 53708-8935
Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-266-2264
TTY: 608-267-2416

February 6, 2007

LINDA STEINKE
PO BOX 471
OAK CREEK WI 53154

RE: 06 MED 017, Kenneth Kurt

Dear Ms. Steinke:

Enclosed is a copy of the final decision and order that was issued as a result of the complaint that you filed against Dr. Kurt.

If you have any questions once you have reviewed this order please give me a call or if you have any other questions. My number is (608)267-7139.

Sincerely,

Michelle Schram

Michelle Schram
Investigator

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST	:	**FINAL DECISION AND ORDER**
KENNETH J. KURT, D.O. RESPONDENT.	:	LS 0701242 MED

Division of Enforcement Case #06 MED 17

The parties to this action for the purposes of Wis. Stat. § 227.53, are:

Kenneth J. Kurt, D.O.
2405 Northwestern Ave. #141
Racine, WI 53404

Wisconsin Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Department of Regulation and Licensing
Division of Enforcement
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Respondent Kenneth J. Kurt (dob 5/26/37) is and was at all times relevant to the facts set forth herein an osteopathic physician licensed in the State of Wisconsin pursuant to license #14968, first granted on 7/1/64. Respondent is a general practitioner.

2. On 2/10/06, Respondent's patient health care record of patient J.W., a male born in 1980, was requested by the Department. The request was:

> I hereby formally request [...] Copies of any and all medical records, including but not limited to: physical examinations and histories, nurses' notes, progress notes, diagnostic test records, physician's notes and orders, medication orders, operative reports, laboratory reports, prescription and dispensing records, radiology reports, pathology reports, outpatient treatment records, emergency room records, consultation reports and discharge summaries regarding the patient(s) named below: [J.W.]

In response to this request, Respondent's staff sent 11 pages which consisted of Respondent's own progress notes, a laboratory test result showing that the patient had hepatitis C, a privacy policy notice, a work excuse, and a document entitled "Narcotics Agreement."

3. On 12/13/06, Respondent appeared before Departmental personnel with the actual original patient health care record. Respondent provided to the Department, for the first time, progress notes made by another physician who practiced in the clinic part-time, which predated the progress notes furnished earlier, and which notes were available to and considered by Respondent in making his own decisions about the care and treatment of the patient.

4. Between 2/10/06 and 12/13/06, Department staff spent several hours reviewing the incomplete chart, and evaluating it as if it was the complete chart. This time was largely wasted, as the evaluation would have been substantively different had staff known that the chart contained additional physician notes which Respondent had read and incorporated into his own thought process; staff would also have read these notes and incorporated the knowledge into the evaluation.

5. On 8/18/03, a part time associate of Respondent, a Dr. G., first saw patient J.W. at Respondent's clinic. The note reads, in its entirety: "S. MVA 8/8/03 when hit car into tree after running off road to avoid a deer in the road. Seen by me on 8/8/03—day of accident. Given pain meds Endocet and asked to follow up. Wants to FU here with me to get further evaluation and treatment for sore right shoulder. Patient was wearing seat belt. Right should hit steering wheel. No other significant injuries. PH: neg. F.H: neg. Soc: rare ETOH, # cig. O: pleasant and NAD. Wearing right should sling. Right shoulder: ROM limited to <20°. Abdomen tender on palpation entire on[?] shoulder especially at long head of biceps and lesser extent over A and C joint. No clavicular pain except [??] A-C joint. Strength of SS muscles difficult to determine due to limited ability to abduct right arm. A: Rotator cuff injury (suspect ten) @ anterior right shoulder. P: check MRI of right shoulder. Refill Endocet 10/650 #253 and [??] another referral to MRI obtained." A staff noted then reads: "Scheduled MRI of right shoulder at MDI for 8/18/03."

6. On 9/15/03, the patient returned to care with Dr. G., whose note reads, in its entirety: "Stopped in for script for Anx/Per from interferon which he's taking for Hep. C per Dr. Catalino. Dr. C rec'd Paxil and occ'l Ativan and Xanax. He did have a rotator cuff tear but chose to rehab it here at IHF on his own to avoid surgery or he'd like to get into Marikes and this would facilitate that. P: Xanax 0.25mg #30 with three refills, take 1 up to TID. Paxil 20mg, take one qHS, #30 with three refills."

7. The chart contains no entries until a note that the patient cancelled a 3/10/04 appointment. On 3/11/04, the patient returned to care with Dr. G, whose note reads, in its entirety: "Back Pain. S: Moving couch last evening with brother slipped and felt increased pain in right mid-low back with some radiation to right posterior thigh (about half way down). Difficulty sleeping in spite of taking ibuprofen. PH positive for herniated disc. Recent DWI and now on electronic surveillance. Plans on [??] Army and hopes to play football and make it a career. O: usual pleasant, polite self. Back: ROM limited in all directions, especially flexion and leaning to left. Palp: palpable tenderness and spasm in right paraspinal muscles at upper lumbar

area. SLR negative for radicular pain. A: Right midline back pain. P: Percocet 10/600 #20 take one every 406 hours PRN pain. Diazepam 2mg #20 take one every 304 hours PRN pain. [??] in heat packs [??] ibuprofen 600-800 QID ASAP. Note for police: he was here for 1 hr (203 PM)."

8. On 3/17/04, the patient cancelled his appointment. On 2/24/04, the patient returned to care with Dr. G., whose note reads, in its entirety: "S: 23 year old white male whom I've seen in past [??] for right shoulder pain then for LBP and then phone call for K. stone. Today he's most concerned about feeling of increased restlessness, anxiety, disconcertedness, difficulty sleeping and early AM awakening, decreased energy, social isolation, decreased confidence and decreased FUN!! Recently found out from MCW where he's getting monthly interferon that his Hepatitis C may not go away. This could ruin his life plan of joining Marines as a career and he's not got much of a backup plan. He could go to ITT for computers while awaiting decision from Marines on Hep.C. Reminds me that I ;put him on Paxil Ativan last summer, he discontinued them within 3 months. Paxil made him yawn a lot. Ativan helped. O: Mildly anxious appearing, reasonable affect but slightly flat. A: Anxiety, dep. P: Fluoxetine (Prozac) 20 in the morning, Ativan 1mg twice a day, PRN; increase P.A. to ½ hr/d, bike or walk/run. Try to eat more consciously."

9. The chart reflects that the patient rescheduled an appointment from 4/17/04, and then failed to appear for an appointment on 4/21/04. On 6/18/04, the patient returned to care with Dr. G., whose note reads, in its entirety: "4-5 days with rhino and slight cough with phlegm [??], tired and decreased appetite. Increased cough in the evening. History of frequent OM's in past but rare cough. No cigarettes. Concerned about whooping cough in areas. Decreased h[??]. O: Pleasant and NAD. HEENT: WNL's. Lungs: clear. Heart: reg, rhythmic, without murmur. A: Bronchitis. P: doxicycline 1—mg BID x IV d (Delayed Rx 2-3). Phenergan with codeine 4 fl.oz. Add: asked for some lorazepam (Ativan) for anxiety, rec'd #12 @ 1mg strength."

10. The patient returned to care with Dr. G. on 7/9/04, whose note reads, in its entirety: "Wisdom tooth impacted and need root canal, saw Dr. Blocher DDS. Mon Mollack. Lower right gum. Increased pain. P: Endocet 7/5/325 #30. Charged $10.00"

11. The patient returned to care with Dr. G. on 7/16/04, whose not reads, in its entirety: "Had increased pain and used Endocet already. Ran out yesterday and appointment Tuesday @ 4:15 PM. P: Percocet 10mg #20."

12. On 9/2/04, Respondent first saw patient J.W. Respondent represents to the Board that he reviewed Dr. G's notes regarding the patient, and had at least a brief conversation with Dr. G., at which time it was understood that Respondent would be taking over the care of this patient. Respondent's initial electronic chart note reads, in part: "Neck pain lasting for 2 weeks, MRI shows herniated disc C-6, pain 6/10. Left cervical spine has been very sore for last two weeks. Difficulty sleeping, constant pain. Needs meds for pain and sleep." Respondent charted that he performed osteopathic manipulations to 3-4 body regions (without any further description), and applied traction to the cervical spine. The patient's blood pressure was measured at 120/80, and his heart rate was recorded as 80. The physical examination portion of the chart reads, in its entirety: "Physical Exam: Musculoskeletal spine: Tenderness: cervical spine, thoracic spine; trigger points: cervical spine, thoracic spine." Respondent diagnosed: "Neck Pain 723.1;

Herniation, nucleus pulposus, cervical, 722.0." Respondent prescribed Percocet 10/325 q4-6h x 2 weeks #50; Zanaflex 2mg TID #90; and Mobic 7.5mg 1-2/day #30. Respondent also noted that these are the patient's current medications. Based on the dosage instructions, these medications constitute a 2 week supply. There is no MRI film or report in the patient's health care record.

13. On 9/7/04, the patient returned to care. The chart reflects that the patient signed a "narcotics agreement" providing, among other things, that the patient would receive opioids only from Respondent. The chart note reads, in part: "Neck slightly better, needs OMT. Reports pain is still a 6/10." No vital signs are recorded. Respondent charts that he performed: "Traction: cervical; OMT, 3-4 body regions" without any further description. Respondent diagnoses the patient as follows: "Neck Pain 723.1, Somatic dysfunction, cervical 739.1, somatic dysfunction, thoracic 739.2." Respondent prescribed: Zanaflex 2mg TID #90, Mobic 7.5mg 1-2/day #30, Norco 10/325 q4-6h PRN #100, Avinza 60mg QD #40. Respondent also noted that these are the patient's current medications. Based on the dosage instructions, the medications are a 30-40 day supply.

14. On 9/21/04, the patient returned to care. The chart note reads, in part: "Very upset today, needs to talk to Dr. about personal issues. Concerned about treatment for Hepatitis C." No vital signs are recorded. There are no comments regarding the patient's pain. The chart contains a note that Respondent performed OMT, 3-4 body regions, without further description. The physical exam note reads: "Musculoskeletal; spine: Abnormal: diffuse; swelling: cervical spine, thoracic spine, lumbar spine; Tenderness: cervical spine, thoracic spine, lumbar spine; Trigger Points: cervical spine, thoracic spine, lumbar spine." Respondent's diagnoses are: "Neck pain 723.1, hepatitis C 070.51 See copy of lab work, Somatic dysfunction, lumbar 739.3, Somatic dysfunction, sacral 739.4." Respondent prescribed: methadone 10mg, 2@12-14hrs #100; Roxicodone 10mg 2-3/day #100; and Valium 5mg BID PRN anxiety or spasms #50. These are also listed as the current medications. Based on the dosage instructions, these constitute a 25-30 day supply.

15. On 10/18/04, the patient returned to care. The chart note reads, in part: "Neck stiff, needs OMT and med refills. Pain rated at 6-7 today." No vital signs are recorded. Respondent notes: "OMT, 3-4 body regions" without any further description. Respondent's diagnoses are: "somatic dysfunction, cervical 739.1; somatic dysfunction, thoracic, 739.2." Respondent prescribed methadone 10mg #60; OxyIR 5mg q6h PRN #200; and Valium 5mg 2-3/day PRN anxiety or spasms #100. Given the dosage instructions, these constitute a 50-60 day supply.

16. On 10/27/04, the patient returned to care. The chart note reads, in part: "Med Refill, neck pain, worse 8/10." Respondent performed "traction: cervical. OMT, 3-4 body regions" without further description. The physical examination notes that the patient's eyes are "Normal. Pupils equal, round, reactive to light: Bilateral; good accommodation: Bilateral." The patient's skin is noted as normal. The musculoskeletal examination note is: "Spine: Tenderness: cervical spine, thoracic spine; Trigger points: cervical spine, thoracic spine." Respondent's diagnoses are: "Neck pain 723.1, Herniation, nucleus pulposus, cervical 722.0." Respondent prescribed: OxyContin 20mg q12h PRN pain #30; and methadone 40mg 2-3/day #60. These are

also listed as the patient's current medications. Based on the dosage instructions, the medications constitute a 15-20 day supply.

17. On 12/23/04, the patient returned to care. The chart note reads, in part: "Med Refill minimal amount of meds while in jail. Back pain, incarcerated for alcohol related driving." The patient is recorded as having a blood pressure of 142/96, heart rate of 60, respirations 20, and a weight of 167. The chart notes that the patient received the following in-office treatment: "Stimulation – electric stim ATTENDED BY MD. Packs, hot or cold. OMT, 3-4 body regions" all without further description. The diagnoses are: "Back pain, lumbar 724.2, somatic dysfunction, lumbar 739.3, somatic dysfunction, sacral 739.4 herniated cervical disc. Respondent prescribed: methadone 10mg 2-3/day #100; and Endocet 10mg q3-4h #100. These are also listed as the patient's current medications. Based on the dosage instructions, the medications are a 25-33+ day supply.

18. On 1/18/05, the patient returned to care. The chart note reads, in part: "Needs OMT and med refill. Pain under poor control." The patient is noted as having a blood pressure of 130/90, heart rate of 72, respirations of 20, and weight of 164. The chart records that the patient received "OMT, 3-4 body regions" without further description. The diagnoses are as recorded in the 12/23/05 note. Respondent prescribed: Percocet 10/325 q4-6h #100; methadone 10mg 2-3/day #100; and Valium 5mg BID PRN anxiety or spasms #60. These are also listed as the current medications. Based on the dosage instructions, this is a 16-33+ day supply.

19. Respondent's conduct in the care and treatment of this patient fell below the minimum standard of conduct for the profession in the following respects:

a. At no time does the chart reflect that the patient receive a comprehensive history and physical examination, including an AODA history, before chronic opioid analgesic therapy was initiated.
b. At no time does the chart reflect that the patient referred for evaluation of alcohol or other drug abuse, dependence, or addiction.
c. At no time does the chart reflect that the patient asked about the effectiveness of the therapies provided.
d. At no time does the chart reflect that the patient referred for physical therapy, evaluation for surgery, or any other alternative therapy.
e. When the patient informs Respondent of likely substance abuse, in that he is in jail for alcohol related driving, there is no followup to this highly relevant information.
f. There is no description of what the osteopathic manipulations were, to what parts of the body were they performed, or the effectiveness of this treatment modality. There is no description of the length of time or the weight or tension level used for each cervical traction treatment, or the effectiveness of this treatment modality.
g. There is no explanation given for the changes in medications and dosages prescribed.
h. Respondent was given new prescriptions for additional opioids when his current supply was adequate to carry him, and there is no medication sheet or other

tracking of the medication supplied to the patient to determine if early refills were being requested or provided.

i. There is no recorded consultation with the pharmacy selected by the patient, to determine if other practitioners were providing prescriptions for controlled substances to the patient.

j. At no time does the chart reflect that functional goals were established for the patient, nor does the chart reflect any progress noted towards achieving such goals.

k. At no time does the chart reflect that alternative modes of treatment are noted as being offered to, or discussed with, the patient.

l. Long-acting products like OxyContin® are never dosed "PRN" but are always taken on a scheduled basis.

20. Respondent's conduct created the following unjustifiable risks to the health, safety or welfare of the patient or the public:

a. The patient was provided with early refills on multiple occasions, creating the risk of diversion or overconsumption for non-medical reasons.

b. The patient may fail to improve because appropriate treatment is not provided, including neuromodulators, NSAIDS, physical therapy, blocks, surgery, or other modalities.

c. Dosing a long-acting pain medication on a PRN basis results in the patient's receiving inadequate relief in that the patient is "chasing" the pain rather than staying ahead of it, as such products are designed to do.

21. A minimally competent physician would have avoided these risks by taking the following steps:

a. A careful initial history and physical examination would be conducted and charted, to determine the cause(s) of the patient's pain and what treatments had failed, or were effective. An AODA assessment or evaluation would be conducted before initiating chronic opioid analgesic therapy, and upon disclosure of any information suggesting a history of such abuse (including, but not limited to, disclosure of being "incarcerated for alcohol related driving").

b. The alternatives available to the patient would be discussed with the patient, and the chart would record the choices made, with reasons for those choices.

c. A treatment plan with clear functional goals would be devised and charted, and progress towards achieving those goals would be charted on each return visit. Changes in therapy, such as in medications, would be clearly noted, together with the indication for the change.

d. Long-acting opioids would be dosed on a scheduled basis, so that the patient's pain was well controlled around the clock, with short-acting products being provided for limited use for flare up pain, PRN.

e. A medication sheet would be used to record the days supply of medication provided to the patient.

f. The pharmacy used by the patient would be consulted to determine if the patient was complying with the "narcotics agreement." Collateral sources, such as the

patient's family and girlfriend, would be consulted if there was doubt on this issue.

g. On any occasion when the patient appeared to be using more medication than prescribed, the patient would be questioned about his use, and counseled appropriately. Repeated overuse would have led to appropriate action by the prescriber, including ruling out of pseudoaddiction, and consideration of other medications such as NSAIDS, neuromodulators, and SSRIs; and consideration of other modes of treatment.

h. When osteopathic manipulations or traction were performed, details would be charted such as the location of the treatment, the exact nature of the manipulation provided, and an indication of the efficacy of the treatment. When cervical traction was applied, the length of the treatment and the tension applied would be recorded, together with a statement about the efficacy of the treatment.

CONCLUSIONS OF LAW

A. The Wisconsin Medical Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 448.02(3), and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

B. The conduct described in 2-4, above, violated Wis. Adm. Code Med § 10.02(2)(zc). The conduct described in 12-20, above, violated Wis. Adm. Code §§ Med 10.02(2)(h) and 18.05. Such conduct constitutes unprofessional conduct within the meaning of the Code and statutes.

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, that the attached Stipulation is accepted.

IT IS FURTHER ORDERED, that Kenneth J. Kurt, D.O., is REPRIMANDED for his unprofessional conduct in this matter.

IT IS FURTHER ORDERED, that the license to practice medicine and surgery of Respondent is LIMITED as provided in Wis. Stat. § 448.02(3)(e), and as follows: Respondent shall not order, prescribe, or administer any opioid or opiate, including any product containing tramadol, for more than 30 days in any 12 month period, for any patient. Notwithstanding this limitation, Respondent may prescribe FDA approved buprenorphine products to patients for the purpose of office based opioid treatment (OBOT), within the labeling of Subutex® and Suboxone®.

IT IS FURTHER ORDERED, that the license to practice medicine and surgery of Respondent is LIMITED as provided in Wis. Stat. § 448.02(3)(e), and as follows: Respondent shall take and successfully complete the "Intensive Course in Medical Record Keeping with Individual Preceptorships," offered at the Case Western Reserve University, School of Medicine, Continuing Medical Education Program, on June 7-8, 2007. Respondent shall arrange for the

course sponsor to transmit information concerning his performance directly to the Department Monitor, and shall authorize the Board or designee to confer with CWRU staff concerning his performance and behavior. Respondent may propose an alternative course which is substantially equivalent to this offering, which may be approved by the Board or its designee.

IT IS FURTHER ORDERED, that respondent shall pay the COSTS of investigating and prosecuting this matter of $2,100 within 120 days of this Order.

IT IS FURTHER ORDERED, that pursuant to Wis. Stats. §§ 227.51(3) and 448.02(4), violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order, following notice and an opportunity to be heard. In the event Respondent fails to timely submit any payment of the Costs as set forth above, Respondent's license SHALL BE SUSPENDED, without further notice or hearing, until Respondent has paid them in full.

Dated this January 24, 2007.

WISCONSIN MEDICAL EXAMINING BOARD

by: _____
a member of the Board

akt
i:\kurt.stp.doc

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST KENNETH J. KURT, D.O. RESPONDENT.	:	**STIPULATION** LS 0701242 MED

Division of Enforcement Case #06 MED 17

It is hereby stipulated between the above Respondent and the undersigned prosecuting attorney for the Division of Enforcement of the Department of Regulation and Licensing, as follows:

1. This Stipulation is entered into as a result of a pending investigation of Respondent's licensure by the Division of Enforcement. Respondent consents to the resolution of this investigation by stipulation and without the issuance of a formal complaint.

2. Respondent understands that by signing this Stipulation, Respondent voluntarily and knowingly waives significant rights, including: the right to a hearing on the allegations against Respondent, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine the witnesses against Respondent; the right to call witnesses on Respondent's behalf and to compel their attendance by subpoena; the right to testify personally; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Respondent has been provided with the opportunity to obtain advice of legal counsel prior to signing this stipulation.

4. Respondent agrees to the adoption of the attached Final Decision and Order by the Medical Examining Board. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Medical Examining Board ever assigned as an advisor in this investigation may appear before the Board in open or closed session, without the presence of the Respondent or Respondent's attorney, for purposes of speaking in support of this

agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Additionally, any such Board advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Respondent is informed that should the Board adopt this Stipulation, the Board's final decision and order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Respondent in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Kenneth J. Kurt, D.O.
2405 Northwestern Ave. #141
Racine, WI 53404

Date: Jan 2, 2007

Arthur Thexton, Prosecuting Attorney
Division of Enforcement
Wisconsin Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date: 1/5/07

[CASE#06 MED 17; COSTS $2100]

STATE REPRESENTATIVE
JON RICHARDS
WISCONSIN STATE ASSEMBLY

Family Justice Bill
Testimony for the Judiciary and Ethics Committee
July 14, 2009

It is tragic when family members face the loss of a loved one, especially due to the negligence of another person. There is a difference that exists in Wisconsin law however, between the recourse that certain family members can seek depending on whether negligence was medically related or caused in any other kind of accident. Wisconsin is one of only six states, and the District of Columbia, that does not extend the right to seek claims for loss of society and companionship to adult children of unwed, divorced or widowed parents or to parents of unwed and childless adult children.

The Family Justice Bill that Senator Jeff Plale and I introduced will grant family members the right to compensation after death or injury to a loved one due to medical malpractice. This legislation has been introduced every session since 1999, and because of senseless partisanship, has stalled before final passage. This bill will allow all children of an unmarried parent and all parents of unmarried children to seek claims for loss of society and companionship against doctors and other medical professionals whose negligence resulted in the death of the patient.

If a death occurs because any person, including a doctor, was negligent behind the wheel of a car, then the relatives of the victim can seek a claim for loss of society and companionship. If that same doctor is negligent while practicing medicine and causes the death of a patient, then only certain relatives may seek a claim, leaving some victims without any way of seeking justice.

The medical malpractice laws that have been in place for decades have helped offer a modicum of comfort in the form of financial support to some families affected by the death or injury of a patient caused by the negligence of a medical caretaker. Unfortunately, there are people who are directly affected by the loss of a loved one who can not be made whole.

Senator Jeff Plale and I have both heard stories from constituents who had no recourse when their parent or child was wrongly injured or killed during medical treatment. I'm sure many of you have heard similar stories. One such story, about Erin Rice and her parents, Eric and Linda Rice, has been reported on many times over the last 10 years as an example of why we need to pass the Family Justice Bill.

Erin was 20 years old in 1999 when her parents brought her to their HMO because she was coughing, had shortness of breath and was nauseous. The HMO sent her to the Emergency Room, and even though x-rays showed that Erin had an enlarged heart, which her parents learned later, she was diagnosed with bacterial pneumonia and sent home.

CAPITOL P.O. Box 8953, Madison, WI 53708 • (608) 266-0650 • Fax: (608) 282-3619 • Toll-free: 1-888-534-0019 • Email: rep.richards@legis.wi.gov
HOME 1823 North Oakland Avenue, Milwaukee, WI 53202
WEBSITE www.jonrichards.org

Erin was subsequently given Compazine for her nausea twice, once by the HMO and once by the Emergency Room on another visit, when she continued to feel her symptoms. Her parents later learned that Compazine cannot be used by someone who is in heart failure. By the time an echocardiogram was performed, twelve days after her initial visit, she was found to have been suffering from cardiomyopathy and was in heart failure.

Erin had an 80% chance of surviving if she had been correctly diagnosed on her first visit, but she instead passed away two weeks after the initial misdiagnosis. Because Erin was 20, was not married, and had no children of her own, her parents had no claim of loss of society and companionship to make against the medical professionals who had failed their daughter multiple times.

I have the highest respect for the medical professionals in Wisconsin. We are blessed with some of the highest quality health care in the world because of the truly talented doctors and nurses who practice here. But even the best of us make mistakes. In the medical world, the result of a mistake can be the loss of function of an organ, the loss of a limb or the loss of a life. Money itself can never replace an organ, a limb or a life, but it can provide some measure of justice and help with the real financial burdens families can face because of a medical error.

We are surrounded today by families from across Wisconsin who have suffered through the loss of a loved one and who have not had an avenue of compensation for their loss, nor have they had a chance to hold the negligent doctors accountable. The Family Justice Bill will help future families faced with an unspeakable loss.

In support of the Family Justice Bill

Dear Members of the Wisconsin Assembly Committee on Judiciary and Ethics,

My name is Jane Spietz. I was the Medical Power of Attorney for and best friend of Douglas R. Boone. Doug had routine cervical disc replacement surgery at a hospital in northeastern Wisconsin on May 7, 2007. He entered the hospital a healthy, fitness-and-nutrition conscious male who appeared much younger than his 54 years. He left ten days later in a hearse bound for the funeral home.

The account of what happened to Doug will sound absolutely incredible to you but unfortunately, this is a very horrible, enraging, but true, story.

Doug had been moved to a patient care unit after his surgery. The doctor whom I, as his Medical Power of Attorney, and most of Doug's closest family members, hold responsible for his ultimate brain death, unsuccessfully attempted to intubate Doug when he complained of not being able to breathe just several hours after his move from the recovery room. He was employed as a hospitalist at the hospital.

Incredibly, this doctor did not immediately open Doug's cervical collar to check what might be occurring beneath it during this crisis. Under the collar was a **huge, fist-sized hematoma (blood clot) that had pushed Doug's trachea (windpipe) 3 inches to the left!** (It's no wonder that the intubation attempts failed!) Can you even begin to imagine how Doug **suffered** as this was going on? And the **horrifying panic** of being deprived of oxygen? **Agony** and **torture** are words that instantly come to mind.

By the time another physician arrived and performed an emergency procedure that restored Doug's airway, it was **too late**. Doug was a victim of **anoxic encephalopathy**, or, **irreversible brain damage due to oxygen deprivation**.

The hospitalist who had first come in to "assist" Doug during his crisis mysteriously disappeared after that fateful day. We did not see him at the hospital until exactly one week after the "incident"; for just one day, and after that we did not see him again. We learned from a number of highly reliable sources that he had been "let go" by the hospital. The hospital **never** admitted to this, even when family members questioned this doctor's whereabouts during a meeting of upper level hospital staff, Doug's family, and I when they reported to us their final results of "three internal investigations" six weeks after his death.

After this most unsatisfactory meeting, I was doing some individual checking around online on the Wisconsin Department of Regulation and Licensing website & discovered to my horror that the hospitalist in question had a **history of cocaine & alcohol dependency as a physician, with disciplinary action, dating all the way back to 2001 in Ohio!**

The most shocking discovery of all was when I uncovered that this doctor had urine tested **positive for COCAINE <u>the day after</u>** I took Doug off life support on May 17, 2007! It was like a knife had been driven though my heart. This, too, is **public record** on the **Wisconsin Department of Regulation and Licensing website** under **"License Lookup"**.

Unbelievably, I have since found out that this physician is **presently employed at yet <u>another</u> hospital in Northeastern WI**!

WHAT'S *WRONG* WITH THIS PICTURE?? WHEN WILL THE MADNESS STOP??

Doug Boone's family's ongoing heartache is compounded by the fact that they were unable to sue for malpractice because he was unmarried, had no minor children and no dependent parent at the time of his death. If he had been killed or injured in a **car accident** caused by the physician, Doug's family could've sought legal action under our present law.

I am pleading with you to support the **Family Justice Bill.**

Even if you don't do this for Doug Boone or his family - please support it so that other families will not have to face an **absence of legal recourse** after suffering the loss of a loved one due to inexcusable circumstances. Maybe even someone who is special to ***you***. ***A close friend or acquaintance***. ***A beloved family member.*** Think about it! We <u>never</u> thought that something as horrible as this could happen, **but it did.**

The many people who had the opportunity to know Doug Boone would agree that Doug worked tirelessly to bring about positive change in our society at all levels. As the old saying goes, "a mind is a terrible thing to waste." What a terrible waste this was, indeed.

I filed a formal complaint with the Joint Commission and intend to file a complaint with the Wisconsin Department of Regulation & Licensing as well. I plan to testify at all public hearings & attend community events that are held in support of the passage of the Family Justice Bill.

Speaking for myself and members of Doug's family, we thank you all in advance from the bottom of our hearts for your support of the Family Justice Bill.

Sincerely,

Jane Spietz
Medical Power of Attorney and best friend of Douglas R. Boone (1952-2007)
1870 Emily Anne Drive
Oshkosh WI 54904-8834
(920) 410-3373
<u>jspietz@sbcglobal.net</u>

In support of The Family Justice Bill

To the Members of the Wisconsin Assembly Committee on Judiciary and Ethics:

On the morning of May 7, 2007 my brother, Douglas R. Boone, had routine cervical disc surgery on his neck at a hospital in Northeastern Wisconsin. After his surgery, my mother and I went to visit Doug at the hospital. We were told by the nurse that Doug was having difficulty coming out of the anesthesia and that his blood pressure was high. When Doug finally came up from recovery, we visited with him for an hour or so then left. Little did we know that would be the last time we would ever talk with Doug.

Doug started to have trouble breathing and buzzed the nurse for help. The nurse had not checked under Doug's cervical collar to see if anything connected with the incision site was causing his respiratory difficulties. The neurosurgeon was called by the nurse to notify him of Doug's difficulty with breathing. He told the nurse to send the hospitalist to Doug's room. As he was talking with Doug, his breathing got worse. The hospitalist decided to intubate him. Doug fought the intubation, so the hospitalist knocked him out with medication. The hospitalist then overbagged Doug causing both lungs to collapse. Doug's heart stopped and he went into cardiac arrest. There should have been a Code Blue issued immediately when Doug experienced his respiratory crisis. It is stated in Doug's medical chart that there never was an official code blue called. Why was this?

Fortunately, but regrettably far too late, another physician happened to be passing by the room during Doug's crisis. He entered Doug's room and opened the cervical collar. He saw that Doug had developed a huge hematoma at the incision site. It was **the size of a coffee cup** and was so large that it had pushed Doug's trachea **3 inches to the left**! The 2nd doctor opened the clot and inserted a tube which restored Doug's airflow. At this point, Doug had been without sufficient oxygen for 20-30 minutes and was now in a coma due to irreversible brain damage.

The hospitalist spoke with the family about what supposedly had occurred. He seemed nervous, irritated, and quick to blame the neurosurgeon for nicking Doug during surgery causing the hematoma. He waved a piece of paper in the air, repeatedly stating "Everything that happened is documented here!"

Doug remained on life support and comatose, a victim of unnecessary and inexcusable anoxic encephalopathy. We found out that the hospitalist was let go from the hospital one week later, although the hospital never revealed what had happened to him when we asked.

When we did some checking on the Wisconsin Department of Regulation & Licensing website, we discovered that the hospitalist had a history of alcohol & drug abuse in the state of Ohio dating back to 2001 for which he was disciplined and also disciplinary action in Wisconsin for not disclosing his past record!

Most shocking of all was the later revelation that the hospitalist was urine tested the day after Doug's death and came up **positive for cocaine**. He received a conditional stay of suspension and incredibly is now currently practicing as a hospitalist at a medical center in Green Bay!

We feel as a family, that our hands were tied after our loved one was taken from us as a result of the negligent actions of doctor with a extensive history of cocaine and alcohol abuse. Under current Wisconsin law, we were unable to file for malpractice. This has only served to compound our grief and continued heartache at the loss of our beloved Doug. We were only interested in obtaining justice for the events that caused his senseless and totally preventable death. Last spring I filed a formal complaint with the Wisconsin Department of Regulation & Licensing.

We are now pleading for equal treatment of all medical malpractice cases. If Doug had been married, had minor children, or a dependent parent, legal action could have been taken. How is the current law fair and just?

We don't want any other family to have to go through this tragic, heart-wrenching experience with no legal recourse after losing a loved one. The Family Justice Bill would allow for fairness and justice in all cases of medical malpractice.

Thank you,

Cheri Waters
Sister of Douglas R. Boone (1952 – 2007)
603 McKinley Ave.
Omro WI 54963
920-685-5009